

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00552851         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 10 / 2018</div> </div>		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">506.85</div>		
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : E766339D4EC1A41B58FC</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 10 / 2018</div> </div>		
Purpose of Expenditure IE-Hagan-Donation Processing		Category/ Type	Name of Federal Candidate Hagan, Christina, , ,		
Name of Federal Candidate Hagan, Christina, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>16</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 17 / 2018</div> </div>		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.75</div>		
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : E08690003A3FF45EC929</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 17 / 2018</div> </div>		
Purpose of Expenditure IE-Hagan-Donation Processing		Category/ Type	Name of Federal Candidate Hagan, Christina, , ,		
Name of Federal Candidate Hagan, Christina, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>16</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">511.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Megan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 25 / 2018

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Envision Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 24 / 2018</b>		
Mailing Address <b>148 Graves Mill Rd</b>			Amount <b>2321.64</b>		
City <b>Lynchburg</b>	State <b>VA</b>	Zip Code <b>24502</b>	Transaction ID : <b>E67F7FD0EF1E340FE80C</b>		
Purpose of Expenditure <b>IE-Hagan-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 24 / 2018</b>		
Name of Federal Candidate <b>Hagan, Christina, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>16</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3876.84</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 24 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <b>90.70</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>E1A02FEDBFA5143DBBF</b>		
Purpose of Expenditure <b>IE-Hagan-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 24 / 2018</b>		
Name of Federal Candidate <b>Hagan, Christina, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>16</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3876.84</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2412.34</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>2923.94</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Megan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 25 / 2018**

Signature